

Measles Prevention Information for Camps

By following the important actions listed below, camp staff may reduce the chances of measles spreading and causing outbreaks among staff and campers.

Important Actions

- **Be Prepared before Camp Opens**
- **Document the Vaccination Status of Staff and Campers**
- **Promptly Isolate Campers and Staff with Suspected Measles**
- **Report Suspect Measles Cases Immediately to the Local Health Department**

Be Prepared before Camp Opens

- Work with state and local public health officials to establish lines of communication. Know who you will call at the health department if there is you suspect someone has measles, and who at the camp will be responsible for making the call.
- Work with state and local public health officials to develop plans for addressing potential outbreaks of measles and other diseases in camp settings. Plans should include information on:
 - ensuring that medical staff are aware of signs and symptoms of measles
 - what to do if campers or staff become sick, including how to separate them from others,
 - when to seek additional medical evaluation
 - how to provide care, and
 - how to manage unvaccinated campers, including those with medical or other exemptions to vaccination.
- Work with state and local health departments to develop mechanisms and protocols for monitoring illnesses, including measles, and identify any requirements for reporting these illnesses.
- Review applicable state laws regarding public health–related camp requirements. For more information and a link to regulations in your state, see [Camps and State Regulations](#).
- Communicate vaccine recommendations and requirements to campers and staff, including international staff, prior to attending camp.
- Have the camp health director or other healthcare provider 1) discuss the signs and symptoms of measles with all camp staff 2) develop a plan to follow if a suspected case of measles is identified in the camp and 3) have a box of surgical face masks readily available in case a suspected measles case occurs.
- Learn the most common signs and symptoms of measles.
 - Measles typically begins with
 - high fever (may spike to more than 104°),
 - cough,
 - runny nose (coryza), and
 - red, watery eyes (conjunctivitis).
 - Tiny white spots (Koplik spots) may appear inside the mouth two to three days after symptoms begin.
 - Three to five days after symptoms begin, a rash breaks out. It usually begins as flat red spots that appear on the face at the hairline and spread downward to the neck, trunk, arms, legs, and feet.

Document the Vaccination Status of Staff and Campers

- Maintain records of measles evidence of immunity for all campers and staff; the records should be readily accessible in case an outbreak occurs. Documentation can be in the form of

- a vaccination record (shot card), pre-entrance health form with information from medical record, or an electronic immunization record. It should include evidence of two doses of MMR vaccine (or other measles-containing vaccine) for school-aged campers or one dose for adults (should include dates of vaccination), or
- record of other evidence of immunity: documentation of laboratory-diagnosed measles, laboratory evidence of immunity, or birth before 1957.
- Maintain documentation of campers with medical or other exemptions to vaccination.

Promptly Isolate Campers and Staff with Suspected Measles

- As soon as you suspect a camper or staff member might have measles, immediately notify the camp nurse or person responsible for health-related issues and promptly remove them from the rest of the group to avoid disease transmission.
- Provide a facemask for the person to wear over their mouth and nose.
- Place them in an isolated room with the door closed, preferably a room with access from the outdoors. After the patient leaves the room, it should remain vacant for two hours, because measles can survive in the air for up to two hours.
- Be aware that infected people can spread measles to others from four days before through four days after the rash appears (with day of rash onset considered day 0). Therefore, CDC recommends infected people should be isolated for four days after the day they develop a rash.

Also see [customizable letter template](#) [1 page, 508] informing parents that a measles case was identified at their child's camp.

Report Suspect Measles Cases Immediately to Local Health Department

- Notify your local health department immediately if there is a suspected case of measles in your camp, including to obtain further guidance about isolation or movement of the person with suspected measles.
- If a suspected measles case occurs at camp, advise camp staff and the parents of all children attending camp to
 - watch for signs and symptoms of measles in themselves or their child for 21 days since their initial exposure, even if the child or staff member is vaccinated against measles.
 - know that the incubation period (the amount of time it takes for symptoms to appear after a person is exposed to the virus) for measles, from exposure to onset of symptoms, averages 10–12 days. From exposure to rash onset averages 14 days (range, 7–21 days).
 - contact a healthcare provider immediately if a child develops symptoms compatible with measles.

These actions may have resource implications for summer camps. However, they provide the best protection for campers and staff against disease and will help avoid the inevitable disruption of camp as a result of illness and isolation procedures. The best way to minimize these disruptions is to ensure that all campers are vaccinated against measles. MMR vaccine is a safe vaccine and provides the best protection against measles infection. For more information, see [Measles Vaccination](#).

The U.S. [Immunization Schedules](#) provide the recommended vaccination guidelines for children, adolescents, and adults. Prior to their arrival at camp, tell campers and staff about these recommendations and any specific requirements your jurisdiction might have.